

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 541 3211

FILED NOV 16 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b
DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis County Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Louis

admission)

c. CITY OR TOWN

Warson Woods

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
1609 Beaucaire

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Ida

Franz

Nov. 1, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/20/1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months 11 Days 11

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

St. Louis

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John A. Franz

13b. MOTHER'S MAIDEN NAME

Lena Bickel

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Margret Cowhey 1609 Warson Woods

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral infarction @ massive

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 12, 1962, to November 1, 1962 and last saw her alive on Nov. 1, 1962

Death occurred at 6:10pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

601 S. Brentwood, Clayton, Mo.

22c. DATE SIGNED

11/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schumacher 3013 Meramec Str.

25. DATE RECD. BY LOCAL REG.

11-5-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.